

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214544092				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FMIC Insurance Agency, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM P DICKINSON III WILLIAMS MULLEN 200 SOUTH 10TH STREET, SUITE 1600 RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2014</p> <p>SCC ID NO: F1442005</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100
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COMMON	100					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1600 GLENWOOD AVE 1ST FLR CITY/ST/ZIP: RALEIGH, NC 27608</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEITH S BIGGS TITLE: PRESIDENT ADDRESS: 1600 GLENWOOD AVE 1ST FLR CITY/ST/ZIP/CO: RALEIGH, NC 27608 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEITH S BIGGS TITLE: PRESIDENT ADDRESS: 1600 GLENWOOD AVE 1ST FLR CITY/ST/ZIP/CO: RALEIGH, NC 27608	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME:	RANDALL WAYNE DENMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	87 CRESTHAVEN DRIVE		
CITY/ST/ZIP/CO:	CLYDE, NC 28721		
NAME:	CANDACE DINWIDDIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2605 ELM HILL PIKE #G		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37214-3157		
NAME:	GEORGE PACE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	766 NORTH NC 58		
CITY/ST/ZIP/CO:	NASHVILLE, NC 27856		
NAME:	JAMES PICKNEY PRIDGEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	305 E 5TH ST		
CITY/ST/ZIP/CO:	LUMBERTON, NC 28358		
NAME:	ROBERT WILLIAM SCHAEFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 FAIRWAY DR		
CITY/ST/ZIP/CO:	FORT MILL, SC 29715		
NAME:	JAMES SITTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1148		
CITY/ST/ZIP/CO:	OLD FORT, NC 28762		
NAME:	MATTHEW THUMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1200 N. 23RD ST. SUITE 201		
CITY/ST/ZIP/CO:	WILMINGTON, NC 28405		
NAME:	MICHAEL WALTERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 26		
CITY/ST/ZIP/CO:	PROCTORVILLE, NC 28375		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KEITH S BIGGS	KEITH S BIGGS, PRESIDENT	9/23/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			